

FACSIMILE COVER SHEET

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January 13, 2005

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TO: Examiner Cook (TC1600)

GROUP: 1641

FAX NUMBER: 703-872-9307

ATTORNEY DOCKET NO.: 1997-023-04US (PTQ-0028)

SERIAL NO.: 09/419,901

FILED: October 18, 1999

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MESSAGE: Attached please find Amendment Transmittal Letter; Reply to the Office Action mailed October 14, 2004; executed Declaration by Dr. Jennifer Van Eyk; and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

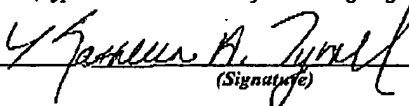
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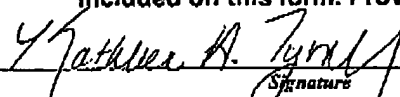
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Van Eyk et al.			Docket No. PTQ-0028
Application No. 09/419,901	Filing Date October 18, 1999	Examiner Cook, Lisa V.	Group Art Unit 1641
Invention: METHODS OF DIAGNOSING MUSCLE DAMAGE			
<p>I hereby certify that this <u>Reply under 37 CFR 1.116 & Declaration by Inventor</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9307</u>) on <u>January 13, 2005</u> (Date)</p> <p style="text-align: center;"><u>Kathleen A. Tyrrell</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. PTQ-0028	
Applicant(s): Van Eyk et al.					
Application No. 09/419,901	Filing Date October 18, 1999	Examiner Cook, Lisa V.	Customer No. 26259	Group Art Unit 1641	Confirmation No. 2043
Invention: Methods of Diagnosing Muscle Damage					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	29 -	68 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	2 -	5 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Kathleen A. Tyrrell, Reg. No. 38,350			Dated: January 13, 2005		
Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
cc:					